Documenting a Preventive Visit
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Annual preventive exams have been a standard of care in the medical industry for many years. CPT describes these services as a periodic comprehensive preventive medicine evaluation (or reevaluation) and management of an individual. CPT codes 99381-99387 are the codes used to represent these services and their selection is based on whether the patient is new or established as well as the patient’s age. CPT goes on to describe the services to include an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures.

Unlike other evaluation and management services in the CPT book, annual preventive exams do not have specific documentation guidelines required to support the service that is being provided. A preventive medicine service is considered to be of a comprehensive nature however the “comprehensive” nature of these services is not synonymous with the comprehensive examination required in other evaluation and management codes. So the age old question, what constitutes a comprehensive history and exam in relation to a preventive medicine service?

Here at Indianapolis Medical Management (IMM) this topic has brought much debate. Some of the many services that we offer include chart reviews and provider education. When these functions are performed around preventive services, the question of how these services should be documented comes up. What types of information should we expect to see to constitute a comprehensive history? What equates to an age and gender appropriate examination? What types of counseling, anticipatory guidance and risk factor reductions should be addressed? What laboratory and diagnostic procedures would be relevant to a preventive service? What should we be educating physicians and non-physician practitioners (NPPs) to document in a patient’s medical record to support the billing of a preventive medicine evaluation and management service?

Again, there are no official, specific documentation guidelines, so in an effort to help streamline this process for both our team of billing and coding consultants and our clients, we have done extensive research and come up with best practice guidelines based on recommendations from the American Medical Association (AMA), the American Academy of Family Physicians (AAFP), the U.S. Preventive Services Task Force (USPSTF), the American College of Physicians (ACP) Internal Medicine and the American College of Obstetrics and Gynecology (ACOG). These guidelines will be used to evaluate these services. The following breaks down the information that we would expect to see documented in the review of a preventive medicine service based on the patient’s age and gender.
Well Baby Visits – Birth to 2 Years

**History:**  Past illnesses, surgeries, medications, allergies, pregnancy/birth history, family history and social history

**Exam:**  Hearing for newborns, weight, length, head circumference, head, chest, abdomen, genitalia, neck, extremities, eyes, ENT, cardiovascular, respiratory, skin, neurological

**Counseling/Anticipatory Guidance:**  Safety, health, nutrition, development, immunizations

**Risk Factors:**  Age appropriate developmental and behavioral assessments

**Lab/Diagnostic Services:**  Hemoglobin or hematocrit once between 9-12 months, lead testing at 1 year and 2 years if uncertain about lead exposure, PKU screening

Well Child Visits – 3 to 10 Years

**History:**  Past illnesses, surgeries, medications, allergies, family history and social history

**Exam:**  Blood pressure, vision screen, hearing screen, height, weight, BMI, w/percentiles for age, eyes, ENT, cardiovascular, respiratory, GI, GU, musculoskeletal, skin, neurological, psychological

**Counseling/Anticipatory Guidance:**  safety, injury prevention, health, nutrition, development, immunization, screenings

**Risk Factors:**  Age appropriate developmental and behavioral assessments

**Lab/Diagnostic Services:**  Any warranted based on risk factors

Well Child Visits – 11 to 18 Years

**History:**  Past illnesses, surgeries, medications, allergies, family history and social history, status of chronic conditions

**Exam:**  Blood pressure, vision screen, hearing screen, height, weight, BMI, eyes, ENT, cardiovascular, respiratory, GI, GU, musculoskeletal, skin, neurological, psychological, hematological
**Counseling/Anticipatory Guidance:** Nutrition, physical activity, healthy weight, injury prevention, avoidance of tobacco, alcohol and drugs, sexual behavior and STDs, dental health, mental health, immunization, screenings

**Risk Factors:** hypertension, hyperlipidemia, coronary heart disease, depression, eating disorders, emotional, physical, or sexual abuse, problems with learning and school

**Lab/Diagnostic Services:** Chlamydia screening for sexually active females,

*Please note, additional information on Medicaid Well Child and EPSDT visits is provided at the end of the article.*

**Adult Visits – 19 to 39 Years**

**History:** Past illnesses, surgeries, medications, allergies, family history and social history, status of chronic conditions

**Exam:** Blood pressure, height, weight, BMI, breast exam for women, depression screen, eyes, ENT, cardiovascular, respiratory, GI, GU, musculoskeletal, skin, neurological, psychological, hematological

**Counseling/Anticipatory Guidance:** nutrition, family planning/contraception, physical activity, healthy weight, injury prevention, misuse of tobacco, alcohol and drugs, sexual behavior and STDs, dental health, mental health, immunizations, screenings
For Women: Breast cancer and self breast exams

**Lab/Diagnostic Services:** Cholesterol every 5 years beginning at 20 years, Chlamydia for sexually active women under 25, cervical cancer

**Adult Visits – 40 to 64 Years**

**History:** Past illnesses, surgeries, medications, allergies, family history and social history, status of chronic conditions

**Exam:** Blood pressure, height, weight, BMI, depression screen, eyes, ENT, cardiovascular, respiratory, GI, GU, musculoskeletal, skin, neurological, psychological, hematological

**Counseling/Anticipatory Guidance:** Nutrition, physical activity, healthy weight, injury prevention, misuse of tobacco, alcohol and drugs, sexual behavior and STDs, contraception, dental health, mental health, immunizations, screenings

**Lab/Diagnostic Services:** Cholesterol, diabetes, colorectal cancer beginning at 50 years
Adult Visits – 65 Years and Older

**History:** Past illnesses, surgeries, medications, allergies, family history and social history, status of chronic conditions

**Exam:** Blood pressure, height, weight, BMI, hearing screening, depression screen, eyes, ENT, cardiovascular, respiratory, GI, GU, musculoskeletal, skin, neurological, psychological, hematological

**Counseling/Anticipatory Guidance:** Nutrition, physical activity, healthy weight, injury prevention, misuse of tobacco, alcohol and drugs, sexual behavior, dental health, mental health, immunizations, screenings

**Lab/Diagnostic Services:** Cholesterol, diabetes, colorectal cancer
For Women: Breast cancer, cervical cancer, osteoporosis beginning at 65
For Men: Abnormal Aortic Aneurysm one time for men 65-75 years with history of smoking, prostate cancer

It is important to note that checking the status of chronic conditions and refilling ongoing prescriptions is expected during the course of an Annual Preventive Exam and thus would not warrant the billing of a separate Problem Oriented Evaluation and Management service. However, if a chronic condition is not being well controlled and decisions are being made as to how to treat the patient to improve control, changing the dosage of medications, changing to a new medication etc, this may substantiate a separate Problem Oriented Evaluation and Management service if more work is done (and documented) than what would normally be performed in the course of an Annual Preventive Exam.

Before the article is brought to an end, let’s take another look at Preventive Care coverage for children. Children age birth to age 2 who are members of the Indiana Health Coverage Program (IHCP), aka. Medicaid/Hoosier Healthwise have access to many Preventive services. Physicians and non-physician practitioners can receive higher reimbursement for providing these services. The Office of Medicaid Policy and Planning (OMPP), in an effort to ensure children are receiving the age appropriate preventive care services, developed the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. The EPSDT has more components than that of a typical well child exam as it was designed to promote the early detection of health issues. The EPSDT is also reimbursed at a higher rate than a well child exam.

In order to receive the higher reimbursement, certain criteria must be met. First off, the provider must be enrolled in the Medicaid program. Next, all components of the EPSDT must be performed and documented. Lastly, the claim must be billed with the
appropriate CPT code based on if the patient is new or established and their age (99381- 99395) as well as any appropriate CPT codes for screenings performed. A primary ICD-9 diagnosis code of V20.2 (Routine infant or child health check) should be used for all procedures related to the EPSDT. Additional ICD-9 codes can be used as appropriate for screening services also performed. The following is a list of components required for the EPSDT service:

- Comprehensive health and developmental history, including assessment of physical and mental health development
- Comprehensive unclothed physical exam
- Nutritional assessment
- Developmental assessment
- Vision observation at each screen and direct referral to an optometrist or ophthalmologist starting when objective screen methods indicate a referral is warranted (the objective screen is not separately billable)
- Hearing observation at each screen and objective testing with audiometer at 4 years old, administered or referred (the simple hearing observation screening is not separately billable)
- Dental observation at each screen; direct referral to a dentist starting at 24 months old
- Dental referrals may be made as early as 12 months old when indicated.
- Laboratory tests, including blood lead level assessment, hematocrit/hemoglobin testing and urinalysis, appropriate for age and risk factors
- Immunizations administered or referred, if needed at time of the screen
- Health education, including anticipatory guidance

If all components of the EPSDT are not met, then the appropriate CPT codes should be used with diagnosis code V70.0 or any other appropriate diagnosis codes other than the V20.2.

In closing, please keep in mind, the above recommendations are just that, recommendations. The individual needs of the patient and their history and risk factors will determine the extent to which counseling, anticipatory guidance and screening services should be performed. For example, a female with a family history of breast cancer may need a screening at an earlier age than typically recommended. What is important to remember is the documentation should include what counseling and anticipatory guidance was provided to each patient as well as the screenings that were discussed and ordered or offered, should the patient decline. The documentation should very clearly show that the elements of the Annual Preventive service were met. At IMM, it is our hope to provide information and education that will help our clients improve on documentation and thus help ensure that the services performed are supported by that documentation. Hopefully this article will help you in your documentation of Preventive visits.

For more information on this topic, please contact Ellen Risotti, BS, CPC, CEMC, CFPC erisotti@ecommunity.com or (317) 621-9374